

Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
941 North Capitol St., NE
Washington, DC 20002
Phone # of Third Party Inspection Program - 442-9557
Fax # - 442-4860

Third Party Inspection Request Form

Individual or Company Name	Date of Request
Address	Telephone
City/State/Zip	Fax # (Required)

Name of Company Representative
Project Name (If Applicable)
Project Address (Required, please indicate specific suite #, if applicable)

Indicate the Building Trade(s) for which you propose to use Third Party Inspection(s)
<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical (HVAC) <input type="checkbox"/> Elevator <input type="checkbox"/> Fire <input type="checkbox"/> Construction
<i>Name of Proposed Third Party Agency:</i>
Indicate the Type of Inspection
<input type="checkbox"/> Final <input type="checkbox"/> Other _____ Date of Inspection _____ Permit #(s) _____
Has a BLRA Inspector from the trade indicated above previously conducted inspections at the site? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please list Name/Date of Inspection _____
<small>I CERTIFY THAT ALL OF THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS OF THE DISTRICT OF COLUMBIA. THE MAKING OF FALSE STATEMENTS ON THIS APPLICATION IS PUNISHABLE BY CRIMINAL PENALTIES (DC CODE SEC.22-2514)</small>
_____ SIGNATURE OF OWNER/OFFICER _____ DATE